

City of Milpitas Planning Division

455 E. Calaveras Blvd., Milpitas, CA 95035
Telephone: 408-586-3279 • Fax: 408-586-3293
www.ci.milpitas.ca.gov

Planning and Zoning Application

Please print or type. The City's acceptance of this application and required filing fee does not constitute a completed application pursuant to Government Code 65943. Applicant will be considered the project contact unless otherwise indicated on this form and will be the sole recipient of City correspondence, including staff reports, project approval letter, and approved special conditions.

Permit type:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Site Development Permit | <input type="checkbox"/> Major Tentative Map | <input type="checkbox"/> Zoning Change | <input type="checkbox"/> Interpretation |
| <input type="checkbox"/> Minor Site Development | <input type="checkbox"/> Minor Tentative Map | <input type="checkbox"/> Planning Appeal | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Planned Unit Development | <input type="checkbox"/> Specific Plan | |
| <input type="checkbox"/> Administrative Permit | <input type="checkbox"/> General Plan | <input type="checkbox"/> Time Extension | |
| <input type="checkbox"/> Other | | | <input type="checkbox"/> Check if Amendment to Existing Permit |

Application Information and Certification

Applicant's Name:	Telephone:	Fax:
Mailing Address (Street, City, State, Zip):	E-mail:	
Applicant's relationship to property owner: <input type="checkbox"/> Same <input type="checkbox"/> Architect <input type="checkbox"/> Agent <input type="checkbox"/> Lessee	I certify that the information herewith submitted is true and correct to the best of my knowledge. Signature: _____ Date: _____	
Other (please specify) _____		

Project Information

Address/Location of Project Site	Assessor's Parcel Number	Current Zoning	
Existing Use of Project Site	Site Land Area Acres	Building / Tenant Floor Area Sq. Ft.	Allotted Parking (per Section 53) Ratio:

Proposed Project (Please describe in detail, using an additional sheet if needed.):

Project Ownership and Authorization

Name, address (including zip code) and signature of **all property owners** having an interest in the property. All owners' consent is required, by virtue of such interest, to authorize the filing of this application. Use additional sheet if needed.

Please Print Name:	Signature:	Date:
Please Print Name:	Signature:	Date:

Project Contact Information

List project contact information **if different** from Applicant listed above.

Name:	Capacity: <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Lessee <input type="checkbox"/> Other			
Mailing Address (including Zip Code):	Telephone:	Fax:		
	E-Mail:			
Alternate Contact Person:	Telephone:			

Staff Use Only

Application Received By:	Date:	Application Submittal Fee:	Total Fee Deposit:	
Permit Number(s):				PJ: